# SNOWMOBILE SUPPLEMENTAL PAYMENT GUIDELINES





PUB CF-017 2006



### **TABLE OF CONTENTS**

| History  | 2      |
|--|--------|
| Threshold/Caps   | 2      |
| Eligible Costs   | 2      |
| Review Process   | 3      |
| Payments: AdvanceFinal   |        |
| Required Forms   | 3      |
| Regional Contacts  | 6      |
| Forms:  Excerpts of Trail Grooming Record (8700-005)  Excerpts of Trail Non-Grooming Maintenance Record (8700-006)  Supplemental Payment Request (8700-003)  Supplemental Maintenance Worksheet (8700-004) | 8<br>9 |

### **Snowmobile Supplemental Payment Guidance**

### History

The concept of a supplemental payment for some element of snowmobile maintenance dates back to 1985. At that time, there was a desire to provide additional funds for the grooming of trails where the snow lingered longer and there was a heavy tourist presence. From this 1985 date for a period of 6 years, funds were made available from the snowmobile program for supplemental grooming payments, typically from balances in the program from project underruns.

In 1990, the supplemental grooming payment was legislatively expanded to supplemental maintenance payments. Along with the expansion of eligible costs came a funding source. A 0.4 multiplier in the gas tax formula transfer was created and the funds generated by this multiplier were targeted for supplemental maintenance payments. In 1999, this amount was further increased by a formula transfer of a portion of the non-resident trail pass fee established in 1998.

### Thresholds/Caps

Threshold and eligibility language has changed a few times since the supplemental maintenance program's inception. Currently, a county must:

- Expend its entire per mile maintenance at \$250 per mile
- Expend a minimum of \$150 per mile on grooming

### In addition:

- The maximum allowable non-grooming expense is \$250 per mile
- The maximum cap on total payments for any county is 3 times the per mile rate, i.e., currently \$750 per mile

### Eliaible Costs

Snowmobile trail maintenance is defined under NR 50, Wis. Adm. Code, as the activities associated with establishing and keeping a trail safe and enjoyable to use. These activities include posting signs, brushing, grooming of snow, minor repair of bridges, purchase of liability insurance by counties for snowmobile trails and acquisitions of easements, leases or permits or other land use agreements for periods of less than 3 years.

Core to this payment process is the concept of placing a value on the donations of labor and machine use by snowmobile club volunteers for work undertaken. The Snowmobile Recreation Council annually reviews an equipment and labor schedule that includes labor rates for club members, chargeback rates for grooming equipment and rates for some common pieces of equipment used for non-grooming maintenance. Rates for other pieces of equipment are found in the DOT machinery rates. Note: The version of the DOT rates that are used, including any fuel adjustments, correspond to the year that the maintenance agreements are issued and carry through into the following calendar year.

These rates apply to actual use time for equipment and labor during the activity. Examples include the following:

- For signing activities, vehicle use will be less than the number of labor hours. Hours for equipment when parked or idling are not eligible as club members need time to install or remove the signs
- For brushing activities, the claims for a chain saw and ATV combined can only equal the
  labor hours. You cannot operate a chain saw and operate an ATV at the same time. The
  charge for equipment used intermittently in the course of the work activity should reflect the
  sum of the intermittent periods.

- Truck and labor hours for the time commuting to and from home are not eligible unless you are transporting equipment and/or supplies that will be used in the maintenance activity to be undertaken that day.
- The cost of transporting the groomer from its storage location to the trails to be groomed is an eligible cost.
- The costs involved in extracting a stuck grooming unit are not eligible. The grooming
  equipment hourly rates are established to cover the costs of owning and operating the
  grooming equipment. Just like the cost of fuel, insurance or replacement parts, this is a cost
  of operating the equipment.
- Charging for groomer time while the groomer is idling while the operators are having lunch is not an eligible expense.
- Grooming of trails not funded by the DNR is not an eligible expense.

### **Review Process**

A written request for supplemental maintenance payments is due in the appropriate DNR regional office by August 1 of each year. The request consists of completed Department forms along with necessary supporting documentation (see page 3 for more detail). This documentation covers work done or expenses incurred for the entire period of the maintenance grant agreement of the previous year. This information is then reviewed to determine: (1) if program thresholds have been met, (2) if costs reported are eligible and (3) if appropriate caps need to be applied. In years when the total request for supplemental funds exceeds the funds available, the review of costs will determine the final statewide prorate for each county's claim.

### **Payments**

### Advance

Based on a preliminary review of all requests received to see if adequate funds are available, the Department will forward to counties checks equal to 50% of the requested amount by September 15. These payments are made to the county so that they can advance funds to the cooperating clubs or association of clubs.

### Final

The final payment process is initiated by a letter from the Department to the county indicating the approved amount for payment. This letter will be mailed on or before December 1 each year. This is the authorization that the county needs to issue a final payment to the clubs(s), association or alliance. The county claims reimbursement of the final payment from the regional Community Services Specialist (CSS) when they have received the canceled checks or bank statements with checks highlighted from all the club or association recipients.

In some years of prorated payments, this final payment process may be extended when the Department requests an additional payment from other snowmobile funds through the s. 13.10 process with the Legislature's Joint Committee on Finance. This payment is again similar to the final payment process, i.e., notification by the Department to the county followed by a county's claim for reimbursement to the regional CSS after the payments have been made to the club(s), association or alliance.

### Required Forms for a Supplemental Snowmobile Request

The following forms must be completed:

- 8700 003 Supplemental Payment Request (used for original supplemental request and final county supplemental reimbursement)
- 8700 004 Supplemental Maintenance Worksheet
- 8700 005 Trail Grooming Record (as many as necessary)
- 8700 006 Trail Non-Grooming Record (as many as necessary)

All these forms are found on the Department's webpage at the following address: <a href="http://dnr.wi.gov/org/caer/cfa/grants/forms.html#S">http://dnr.wi.gov/org/caer/cfa/grants/forms.html#S</a>

The forms may be printed and completed by hand or completed on your computer and then printed. If a county prepares a spreadsheet with Excel or similar software, it must have the same look as the form being reproduced.

The Supplemental Payment Request, Form 8700-003, contains a provision for the **deduction** of winter ATV maintenance payments if the supplemental request **contains** expenditures that have or will be used to make a claim against a winter ATV maintenance agreement (item #7). If the documentation supplied in the request **does not** include costs related to ATV winter maintenance, then the deduction should **not** be made.

Example: County A has supplied documentation that contains expenditures for maintenance of 100 miles of joint snowmobile and ATV trails and the deduction should be made.......

| Incurs \$500 per mile for maintenance of winter snowmobile trails that also accommodate winter ATV trails | \$50,000  |
|---|-----------|
| County will claim \$100 per mile for winter ATV maintenance from this same pool of expenditures.          | -\$10,000 |
| Balance due to the snowmobile program   | \$40,000  |
| Amount charged to basic snowmobile program at \$250 per mile  | -\$25,000 |
| Balance eligible for supplemental maintenance payment, assuming other necessary thresholds have been met  | \$15,000  |

The Supplemental Maintenance Worksheet, Form 8700-004, is a convenient summary of payments made to clubs, associations vendors or force account activity under the existing maintenance grant as well as an outline of major costs incurred for supplementary maintenance.

The *Trail Grooming Record, Form 8700-005*, is the record of grooming activity. One of the major changes from the previous record is that all the grooming activity is to be reported in meter time to the nearest tenth of an hour. It is also necessary to provide enough description in the drag description to allow the proper classification and hourly charge back rate for the trail groomer.

The Non-Trial Grooming Record, Form 8700-006 is the record of non-grooming maintenance activity. This is the form that specifies the work activity, the worker, the hours worked and the equipment used **by the individual worker**. The completion of the form is designed to associate the use of individual pieces of equipment with a particular worker. It is **not** designed to summarize equipment used by a work party of multiple members, e.g. 6 individuals working on brushing activities for 4 hours with 2 trucks and two ATVs and 4 chain saws. The form can also be used to summarize supplies that might be necessary in the completion of a non-grooming activity, e.g. purchase of a gate or lumber.

Examples of the type of reporting expected on each of the grooming and non-grooming records are attached to this document. Since the timelines are relatively short in terms of time for request review, it is important for counties and affiliated clubs to provide clear reporting that does not require lengthy revisions or a lot of imagination on the part of the claim reviewer.

In addition to the required forms above, the following documentation must accompany the request:

- 1. Vendor invoices, which support the eligibility of the costs claimed. This extends to the original vendor invoices when snowmobile clubs or associations purchase materials and are then reimbursed by the county. Note: If an individual purchases materials on behalf of a snowmobile club, the sales tax is not an eligible expense.
- Machine usage records that substantiate the use of each equipment item for which costs are claimed. These records should be kept on a daily basis and show the hours, dates, and project function for which the equipment was used.
- 3. Labor records documenting the hours worked, dates, and hourly rates of individuals, including both force account or club members, working on trail maintenance activities
- 4. Invoice for county liability insurance. If such insurance is provided through a rider to the county's general policy, documentation should also be available of how the cost was equitably allocated to the snowmobile program.
- 5. Summary of landowners paid for short-term acquisition and payments, if applicable.

FOR ADDITIONAL INFORMATION, CONTACT YOUR REGIONAL COMMUNITY SERVICES SPECIALIST FOUND BELOW OR LARRY FREIDIG AT (608) 266-5897 OR larry.freidig@dnr.state.wi.us

Northeast Region Counties: Brown, Calumet, Door, Fond du Lac, Green Lake Kewaunee, Manitowoc,

Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Waupaca, Waushara, Winnebago

**GARY HANSON** Telephone: (920) 662-5123 Telefax No.: (920) 662-5413 E-mail: gary.hanson@dnr.state.wi.us

2984 Shawano Avenue, PO Box 10448

Green Bay, WI 54307-0448

West Central Region Counties: Adams, Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, Juneau, La Crosse, Marathon, Monroe, Pepin, Pierce, Portage, St. Croix, Trempealeau, Vernon, Wood

LAVANE HESSLER Telephone: (715) 839-3751 Telefax No.: (715) 839-6076

1300 West Clairemont Avenue, P.O. Box 4001 E-mail: lavane.hessler@dnr.state.wi.us

Eau Claire, WI 54702-4001

South Central Region Counties: Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson,

Lafayette, Richland, Rock, Sauk

PAT SHEAHAN Telephone: (608) 275-3315 Telefax No.: (608) 275-3338

3911 Fish Hatchery Road E-mail: pat.sheahan@dnr.state.wi.us

Fitchburg, WI 53711

Southeast Region Counties: Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington,

Waukesha

TOM BLOTZ Telephone: (414) 263-8610 Telefax No.: (414) 263-8661

2300 N. Dr. Martin Luther King, Jr. Dr.

P.O. Box 12436 Milwaukee, WI 53212

E-mail: tom.blotz@dnr.state.wi.us

Northern Region

Rhinelander Office Counties: Florence, Forest, Iron, Langlade, Lincoln, Oneida, Price, Taylor, Vilas

PAT ZATOPA Telephone: (715) 365-8928 107 Sutliff St. Telefax No.: (715) 365-8932

Rhinelander, WI 54501 E-mail: patricia.zatopa@dnr.state.wi.us

Spooner Office Counties: Ashland, Barron, Bayfield, Burnett, Douglas, Polk, Rusk, Sawyer, Washburn

DIANE CONKLIN Telephone: (715) 635-4130 810 West Maple Street Telefax No.: (715)635-4105

Spooner, WI 54801

E-mail: diane.conklin@dnr.state.wi.us

| State of Wisconsin                 |
|------------------------------------|
| Department of Natural Resources    |
| PO Box 7921, Madison WI 53707-7921 |
| dnr.wi.gov/org/caer/cfa            |

|       | 1 | -               |  |
|-------|---|-----------------|--|
| Sheet | 1 | of <sup>5</sup> |  |

# Snowmobile / ATV Trail Aids Program **Trail Grooming Record**Form 8700-005 (8/06)

Notice: Completion and submission of the data requested on this form is necessary to document actual costs incurred and is authorized pursuant to s. 350.12(4)(bm), Wis. Stats., and NR 50.05(16), NR 50.09(4)(f)4. and NR 64.13(5), Wis. Adm. Code. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. The costs

| Club / Contractor               | County |
|---------------------------------|--------|
| West county Snowmobile Alliance | West   |

| documented | I here will serve as the basis | of grant reimbursement. |                          |         |                   | West county Snowmobile Alliance |                         | West         | West     |  |
|------------|--------------------------------|-------------------------|--------------------------|---------|-------------------|---------------------------------|-------------------------|--------------|----------|--|
|            |                                |                         | Hours of C<br>Meter Time |         | Total<br>Eligible | Groomer                         | •                       |              |          |  |
| Date       | Trail Name / No.               | Operator Name(s)        | Begin                    | End     | Hours             | Type / Class                    | Width - Length - Weight | Rate         | Total \$ |  |
| 01/15/06   | Trail 19N                      | R. Smith                | 1,016.3                  | 1,023.3 | 7.0               | Tucker - A2                     | 9'6" - 18' - 2,000lbs   | 60.00        | 420.00   |  |
| 01/16/06   | Trail 32E                      | Don Road                | 906.7                    | 914.7   | 8.0               | Tucker A3                       | 7'6" - 18' - 2,0001bs   | 45.00        | 360.00   |  |
| 01/16/06   | Trail 19S                      | R. Smith                | 1,023.3                  | 1,030.9 | 7.6               | Ucker - A2                      | 9'6" - 18' - 2,000lbs   | 60.00        | 456.00   |  |
| 01/17/06   | Trail 3A                       | Ed Nutt                 | 806.3                    | 812.3   | 6.0               | 105 hp tractor A4               | 7'6"                    | 40.00        | 240.00   |  |
| 01/17/06   | Trail 19N                      | R. Smith                | 1,030.9                  | 1,038.6 | 7.7               | Tucker - A2                     | 9'6" - 18' - 2,000lbs   | 60.00        | 462.00   |  |
| 01/18/06   | Trail 32E                      | Don Road                | 914.7                    | 921.2   | 6.5               | Tucker - A3                     | 7'6" - 18' - 2,000lbs   | 45.00        | 292.50   |  |
|            |                                |                         |                          | ***     | ****              | *****                           |                         |              |          |  |
|            |                                |                         |                          |         | 0.0               |                                 |                         |              | 0.00     |  |
|            |                                |                         |                          |         | 0.0               |                                 |                         |              | 0.00     |  |
|            |                                |                         |                          |         |                   |                                 | P                       | age Total \$ | 2,230.50 |  |

| State of Wiscon  | sin                   |
|------------------|-----------------------|
| Department of N  | latural Resources     |
| PO Box 7921, N   | ladison WI 53707-7921 |
| dnr.wi.gov/org/c | aer/cfa               |

| Sheet  | 1 | of 3 |  |
|--------|---|------|--|
| 011001 | _ |      |  |

# Snowmobile / ATV Trail Aids Program Trail Non-Grooming Maintenance Record Form 8700-006 (8/06)

Notice: Completion and submission of the data requested on this form is necessary to document actual costs incurred and is authorized pursuant to s. 350.12(4)(bm), Wis. Stats., and NR 50.05(16), NR 50.09(4)(f)4. and NR 64.13(5), Wis. Adm. Code. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. The costs documented here will serve as the basis of grant reimbursement.

| Club / Contractor               | County |  |
|---------------------------------|--------|--|
| West County Snowmobile Alliance | West   |  |

|          |                     |                  | Labor<br>(\$6.50 per hour) |                 |                   | Equipment and Supplies (ATV, snowmobile, saw, tractor, truck, etc.) |               |                |          |
|----------|---------------------|------------------|----------------------------|-----------------|-------------------|---|---------------|----------------|----------|
| Date     | Trail<br>Name / No. | Work Description | Worker                     | Hours<br>Worked | Total \$          | Equipment / Supplies Description *Include DOT class number where    | Hours<br>Used | Hourly<br>Rate | Total \$ |
| 09/08/05 | 17A                 | Signing          | P. Smith                   | 4               | \$26.00           | ATV   | 2             | 14.00          | 28.00    |
|          |                     |                  | Al Chrome                  | 4               | \$26.00           | ATV   | 2             | 14.00          | 28.00    |
|          |                     |                  | Bob Jones                  | 4               | \$26.00           | Truck   | 2             | 13.00          | 26.00    |
|          |                     |                  | Sam Sound                  | 5               | \$32.50           | Truck (sign material from home and install)                         | 5             | 13.00          | 65.00    |
| 10/03/05 | 17C                 | Brushing trail   | Sam Smith                  | 6               | \$39.00           | Large Tractor, 100hp  | 6             | 44.00          | 264.00   |
|          |                     |                  |                            |                 | \$0.00            | #940 tractor mounted brush cutter                                   | 6             | 19.38          | 116.28   |
| 10/15/06 | 36                  | Brushing trail   | John Jones                 | 4               | \$26.00           | ATV   | 2             | 14.00          | 28.00    |
|          |                     |                  |                            |                 | \$0.00            | Chainsaw  | 2             | 8.00           | 16.00    |
|          |                     |                  | Stu Wind                   | 5               | \$32.50           | ATV   | 3             | 14.00          | 42.00    |
|          |                     |                  |                            |                 | \$0.00            | Chainsaw  | 2             | 8.00           | 16.00    |
|          |                     |                  | Sam Sound                  | 3               | \$19.50           | Truck   | 1             | 13.00          | 13.00    |
|          |                     |                  |                            |                 | \$0.00            | Chainsaw  | 2             | 8.00           | 16.00    |
| 10/17/05 | 17A                 | Leveling trails  | Sam Smith                  | 5.5             | \$35.75           | Large tractor, 110hp  | 5.5           | 44.00          | 242.00   |
|          |                     |                  |                            |                 | \$0.00            | Cultimulcher  | 5.5           | 12.00          | 66.00    |
| 10/25/05 | 36                  | Bridge repair    | Ed Fourer                  | 4               | \$26.00           | Truck (pickup and deliver lumber to site)                           | 1.5           | 13.00          | 19.50    |
|          |                     |                  |                            |                 | \$0.00            | Leverance Sawmill - lumber  |               |                | 45.00    |
|          |                     |                  |                            |                 | \$0.00            |   |               |                |          |
| AT I     |                     |                  |                            |                 | \$0.00            |   |               |                |          |
|          |                     |                  |                            | 44.5            | \$ \$289.25       | Total Eq  | uipment 8     | & Supplies \$  | 1,030.78 |
|          |                     |                  |                            | Total<br>Hours  | Total<br>Labor \$ | Total Labor and Equi  | pment &       | Supplies \$    | 1,320.03 |

State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov/org/caer/cfa

### County Snowmobile Trail Aids Program Supplemental Payment Request

Form 8700-003 (9/06)

Page 1 of 2

Notice: This form is authorized by s. NR 50.09(4)(f), Wis. Adm. Code. Project Sponsors are required to provide information requested on this form when applying for a final payment or a supplemental maintenance request of a grant funded by the Department. The Department will not process your payment unless you provide all information requested. This information will be used to determine the amount of your payment and issue your check or establish the amount of your supplemental payment. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: See reverse for instructions on completing this request. Submit one copy of this request form, your completed Supplemental Maintenance Worksheet (Form 8700-004), and other required documentation listed on reverse, to your DNR Grant Specialist by August 1. See the DNR web site for additional information: dnr.wi.gov/org/caer/cfa.

| Project Sponsor Information   |                    |   |  |
|---|--------------------|---|--|
| Project Sponsor   |                    | Grant N   | umber  |
| Project Name  |                    | County  |  |
| The DNR will mail the check to the name identified on the application as "Ch  | eck Re             | cipient." Question  | s? Contact DNR Grant Specialist.                                       |
| Type of Request: (Select all that apply)  Maintenance Agreement Fi  | 2 2572.0.557       | war and a supplemental to the supplemental to | Supplemental Final (Section D)   |
| Maintenance Agreement Payment Information (see reverse for ins  | structio           | ns)   |  |
| A. Payment Record to Date   |                    | Amount  | This Column for DNR Use Only   |
| Amount of Grant (from original or amended Grant Agreement)  | \$                 |   |  |
| Advance Payment Received, if any  |                    |   |  |
| 3. Funds Remaining (Line 1 minus Line 2)  |                    |   |  |
| B. Payment Request  |                    |   |  |
| <ol> <li>Amount Eligible this Claim. Transfer data from "Total Amount Paid" field<br/>on Supplemental Maintenance Worksheet (Form 8700-004).</li> </ol>                           |                    |   |  |
| <ol> <li>Amount of Final Claim (Line 4 minus Line 2)</li> <li>Note: This line cannot exceed the amount in Line 3</li> </ol>   |                    |   |  |
| C. Supplemental Request   | ) de la comp       |   |  |
| <ol> <li>Total Eligible Costs This Period. Transfer data from "Total Project Claim"<br/>field on Supplemental Maintenance Worksheet (Form 8700-004).</li> </ol>                   |                    |   |  |
| 7. Maintenance Payment Received from a Winter ATV Grant, if appropriate   |                    |   |  |
| Adjusted Total Eligible Cost this Period (Line 6 minus Line 7)  |                    |   |  |
| 9. Total Supplemental Request (Line 8 minus Line 1)   |                    |   |  |
| D. Supplemental Payment   |                    |   |  |
| 10. Final Supplemental Request Amount as Reviewed by Department   |                    |   |  |
| 11. Supplemental Advance Received   |                    |   |  |
| 12. Final Supplemental Payment (Balance) Requested (Line 10 minus Line 11)  | \$                 |   |  |
| Certification   |                    |   |  |
| I certify that, to the best of my knowledge and belief, the eligible costs reque and that all expenditures are based on actual payments of record. This reimpreviously requested. | sted are<br>bursem | e in accordance w<br>ent represents the   | ith the terms of the grant agreement grant share due that has not been |
| Name of Authorized Representative - type or print   |                    | (Area Code) Tele  | phone Number   |
| Signature of Authorized Representative  |                    | (Area Code) FAX   | Number   |
| Date Signed   |                    | E-mail Address  |  |
| Space Below this Line for DNR Use Only  |                    |   |  |
| Grant Specialist Signature  |                    | Reimbursement A   | pproval Date   |

### County Snowmobile Trail Aids Program Supplemental Payment Request

Page 2 of 2

Form 8700-003 (9/06)

#### Instructions

Line 1: Amount of Grant (from original or amended Grant Agreement). Enter amount from the first page of your grant agreement on the line that says "State Aid Amount".

Line 2: Advance Payment Received, If Any. The snowmobile trail aids program allows you to request a 50% advance of the amount of the grant at the beginning of the grant period. If you requested no advance payment, enter \$0. If you requested an advance, this amount is indicated on the signature page of your original grant agreement. Enter this amount on Line 2.

Line 3: Funds Remaining. This is the balance of your maintenance grant award after subtracting the advance payment of your original grant agreement (Line 1 minus Line 2).

Line 4: Amount Eligible This Claim. Transfer amount from "Total Amount Paid" field on the Supplemental Maintenance Worksheet, Form 8700-004. This is the total of all eligible expenses claimed for snowmobile trail maintenance incurred during the project period, not to exceed the amount specified in the grant agreement.

Line 5: Amount of Final Claim. Subtract the Advance Payment Received from the Amount Eligible This Claim (Line 4 minus Line 2). This is the balance of the eligible expenses that will be reimbursed under the maintenance grant agreement.

Line 6: Total Eligible Costs This Period. Transfer data from "Total Project Claim" field on Supplemental Maintenance Worksheet (Form 8700-004). This is your total claim for snowmobile trail maintenance during the project period.

Line 7: Maintenance Payment Received from a Winter ATV Grant. Enter the amount claimed from the ATV program if the supplemental claim contains costs and/or activities that are being charged against a current ATV winter maintenance agreement.

Line 8: Adjusted Total Eligible Cost this Period. This is the total cost of eligible maintenance expenditures reduced by any winter ATV maintenance claim (Line 6 minus Line 7).

Line 9: Total Supplemental Request. Subtract Total Eligible Costs This Period from the Amount of the Grant (Line 8 minus Line 1). This is the total of eligible maintenance expenses (supplemental request) incurred during the project period.

Line 10: Final Supplemental Request Amount as Reviewed by Department. This is the total supplemental request after it has been reviewed by the Department. This information will be mailed to you no later than December 1.

Line 11: Supplemental Advance Received. This is the 50% advance supplemental payment you received by September 15.

Line 12: Final Supplemental Payment (Balance) Requested. Subtract Supplemental Advance from Final Supplemental Request Amount as Reviewed by Department (Line 10 minus Line 11). This is the balance of your supplemental payment for which you are requesting reimbursement. Note that this amount may differ from the 50% advance total as a result of modifications made as a result of Department review (Line 10).

### REQUIRED DOCUMENTATION

- · Supplemental Maintenance Worksheet (Form 8700-004) (as many as necessary)
- Trail Grooming Record (Form 8700-005) (as many as necessary)
- · Non-Grooming Record (Form 8700-006) (as many as necessary)
- · Copies of vendor invoices, canceled checks (or bank statement showing checks) and county payroll vouchers
- · Summary of landowners paid for short term acquisition and amounts, if applicable

State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov/org/caer/cfa

| Worksheet of _ |
|----------------|
|----------------|

## County Snowmobile Trail Aids Program Supplemental Maintenance Worksheet Form 8700-004 (8/05) Page 1 of 2

| am.wi.govioigio   | dollold                               |  |  |   | FOIII                | 18/00-004 (8/0        | (0)                              | Page 1 of 2                        |  |
|---|---------------------------------------|--|--|---|----------------------|-----------------------|----------------------------------|------------------------------------|--|
| for a reimbursen<br>request unless y  | nent of eligible e<br>ou complete and | by s. NR 50.09(4)(f), Wis. Adm. Code. Information requeste<br>xpenses or when requesting a supplemental payment. The<br>d submit this form. Personally identifiable information collec<br>required under Wisconsin's Open Records law [ss. 19.31-1 | Department will no<br>ted will be used for | ot consider your pa<br>r program administ | yment or supplementa | Project Spons         | or                               |                                    |  |
| instructions: Itemize all project expenses and attach photocopies of proof of expenses and payments for each item listed. See reverse for additional instructions. Use additional worksheets as necessary, numbering each. Submit with Supplemental Payment Request, Form 8700-003, to your DNR Grant Specialist by August 1. |                                       |  |  |   |                      |                       | Total                            | Grant Amount                       |  |
| Snowmobile Trail Maintenance as Specified in Maintenance Grant Agreement  |                                       |  |  |   |                      |                       | Supplemental Maintenance Request |                                    |  |
| Date<br>Expense<br>Incurred   | Check<br>#                            | Payee  | Grooming                                   | Other                                     | Total Amount<br>Paid | Grooming<br>Submitted | Other<br>Submitted               | Total<br>Supplemental<br>Submitted |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
|   |                                       |  |  |   |                      |                       |                                  |                                    |  |
| Total Amount Paid (Should equal no more than grant amount)  Total Supplemental Requested  |                                       |  |  |   |                      |                       |                                  | s                                  |  |
| Copy this amount to Line 4 of Form 8700-003  Total Project Claim  (Sum of Total Amount Paid and Total Supplemental Requested)   |                                       |  |  |   |                      |                       |                                  |                                    |  |
| Copy this amount to Line 6 of Form 8700-003   |                                       |  |  |   |                      |                       |                                  | \$                                 |  |

### County Snowmobile Trail Aids Program Supplemental Maintenance Worksheet Form 8700-004 (8/05) Page 2 of 2

This worksheet serves to itemize all project expenses under the Snowmobile Trail Maintenance as Specified in Maintenance Grant Agreement portion and also itemize all project expenses under the Supplemental Maintenance Request portion.

### Snowmobile Trail Maintenance as Specified in Maintenance Grant Agreement Portion

**Date Expense Incurred:** Date of invoice, purchase or service rendered. Costs incurred prior to the beginning date or after the ending date of the maintenance grant agreement are not eligible for reimbursement.

**Check Number:** Number on check or money order used to pay the expense. Acceptable documentation includes: canceled check with front side of check containing the amount of the check digitally printed by the bank under the signature line; non-canceled check with bank statement showing check cleared account; county payroll vouchers; credit card statements.

Payee: Name of contractor, vendor, supplier, etc., to whom payment was made.

**Grooming:** The cost of grooming snowmobile trails based on the hourly chargeback for the use and operation of grooming equipment specified in the equipment and labor schedule established annually by the Department. Attach Trail Grooming Record(s) (Form 8700-005).

**Other:** The cost of maintaining a snowmobile trail other than snowmobile grooming. These costs may include posting of signs, brushing, minor repair of bridges, purchase of county liability insurance and the purchase of short-term easements or other land use agreements for a period of less than 3 years. Rates for non-grooming labor and frequently used pieces of equipment for non-grooming maintenance are specified in the equipment and labor schedule established annually by the Department.

Equipment rates for pieces of equipment not found on this list will be found in the Department of Transportation (DOT) rates. Unless specified otherwise, these rates for equipment are based on hourly use. These rates do not include the operator. Where the DOT issues rates that reflect an adjustment due to fuel rates, these rates shall be the rates utilized for the season.

Amount Paid: The actual expenditures for trail maintenance activities, services or products.

Total Amount Paid: Sum of all the expenditures. Enter this total on line 4 of the Supplemental Payment Request (Form 8700-003).

### Supplemental Maintenance Request Portion

**Grooming Submitted:** Cost of grooming claimed above the \$250 per mile contract amount.

Other Submitted: Other non-grooming costs claimed above the \$250 per mile contract amount.

**Total Supplemental Requested:** Sum of grooming and non-grooming costs claimed above the \$250 per mile contract amount.

**Total Project Claim:** Sum of Total Amount Paid and Total Supplemental Requested. Enter this total on line 6 of the Supplemental Payment Request (Form 8700-003).